

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000030340

1. Entity Name  
ISLAND WALK DEVELOPMENT COMPANY

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90084 033 \*\*\*150.00

Principal Place of Business  
4500 PGA BLVD. STE 400  
PALM BEACH GARDENS FL 33418

Mailing Address  
~~4500 PGA BLVD. STE 400~~ 33 Bloomfield Hi.  
~~PALM BEACH GARDENS FL 33418 2065~~ Bloomfield Hills, MI 48304



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0663645

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D NAME DIVOSTA, OTTO B STREET ADDRESS 4500 PGA BLVD. STE 400 CITY-ST-ZIP PALM BEACH GARDENS FL 33418	<input checked="" type="checkbox"/> Delete	TITLE D NAME Hathaway, Charles H. STREET ADDRESS 4500 PGA Blvd. #400 CITY-ST-ZIP Palm Beach Gardens, FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DP NAME SHANNON, WILLIAM E. STREET ADDRESS 4500 PGA BLVD, SUITE 400 CITY-ST-ZIP PALM BCH GARDENS FL 33418	<input type="checkbox"/> Delete	TITLE DP NAME Shannon, William E. STREET ADDRESS 4500 PGA Blvd. #400 CITY-ST-ZIP Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME SHANNON, WILLIAM E. STREET ADDRESS 4500 PGA BLVD, SUITE 400 CITY-ST-ZIP PALM BCH GARDENS FL	<input checked="" type="checkbox"/> Delete	TITLE VT NAME Robinson, Bruce E. STREET ADDRESS 33 Bloomfield Hills Pkwy. #200 CITY-ST-ZIP Bloomfield Hills, MI 48304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME ROSEN, MICHAEL D STREET ADDRESS 4500 PGA BLVD, SUITE 400 CITY-ST-ZIP PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VST NAME OWEN, JACK B. JR. STREET ADDRESS 4500 PGA BLVD, SUITE 400 CITY-ST-ZIP PALM BCH GARDENS FL 33418	<input checked="" type="checkbox"/> Delete	TITLE AS NAME Zukoff, Colette R. STREET ADDRESS 33 Bloomfield Hills Pkwy. #200 CITY-ST-ZIP Bloomfield Hills, MI 48304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DV NAME SMITH, HARMON D STREET ADDRESS 4500 PGA BLVD, SUITE 400 CITY-ST-ZIP PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete	TITLE DVCFO NAME Smith, Harmon D. STREET ADDRESS 4500 PGA Blvd. #400 CITY-ST-ZIP Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Colette R. Zukoff 3/31/00 248-644-7300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)